



## Tulare County 2016 Health Benefits Enrollment Form IRS Section 125 Participation Form

Employee Name: \_\_\_\_\_

Employee ID#: \_\_\_\_\_

Please Select those that apply to you:

☐ TCCA (BU 12)      ☐ DSA (BU's 13 & 15)      ☐ All Other BU's

☐ I am **not making changes** to my current coverage for Plan Year 2016.

☐ I would like to **enroll** in a Flexible Spending Account (FSA) for Plan Year 2016  
(January 1, 2016 thru December 31, 2016).

Please Select your **Annual** Amount for Plan Year 2016 for the Available FSA Plans:

Medical Reimbursement \$ \_\_\_\_\_ Debit Card - Yes ☐ No ☐

Dependent Care Reimbursement \$ \_\_\_\_\_

☐ I **DO NOT** wish to participate in a Flexible Spending Account (FSA) in Plan Year 2016.

**I understand that my benefit selections for Plan Year 2016 are effective January 1st thru December 31, 2016, and that NO changes can be made to my enrollment status or Pretax Deduction(s) during the Plan Year unless I experience a qualifying event, in accordance to the IRS Code Section 125.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please return this form to:

**HR&D – Benefits Office, 2900 Burrel Ave, Visalia, CA 93291**

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